

**Schools and Libraries Universal Service
Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sluniversal-service.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

(Create your own code to identify THIS Form 471)

MC572004

Form 471 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity MAUMEE CITY SCHOOL DISTRICT

2 Funding Year: July 1, 2004, through June 30, 2005 3 Entity Number 129283

4 a Street Address, P.O. Box, or Route Number 2345 DETROIT AVENUE

City MAUMEE

State OH Zip Code 43537-3712

b Telephone Number 419-893-3200 Ext c Fax Number 419-891-5387

d E-mail Address

- 5 Type of Application
- School (public or non-public school) ☒ School District (LEA: public or non-public (e.g., diocesan) local district representing multiple schools)
- Library (library (i.e. outlet/branch, system))
- Consortium Check here if any members of this consortium are ineligible non-governmental entities.

6 a Contact Person's Name PAUL BROTZKI

First, fill in every item of the Contact Person's information below that is different from Item 4, above.
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b Street Address, P.O. Box, or Route Number 2345 DETROIT AVENUE

City MAUMEE

State OH Zip Code 43537-3712

✓ c Telephone Number 419-893-3200 Ext d Fax 419-891-5387

e E-mail Address

f Holiday/vacation/summer contact information:



Entity Number 128283 Applicant's Form Identifier MCS 72004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 2: Minor Modification to Existing Contract?

- 7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471
Application #:

Funding
Request
Number

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students
to be served

2790

b Number of library
patrons to be served

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	<u>240</u>	<u>240</u>
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	<u>6</u>	<u>6</u>
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	<u>1.54</u>	<u>1.54</u>
d	Dial-up Internet connections: How many before and after your order?	<u>N/A</u>	<u>N/A</u>
e	Dial-up Internet connections: Highest speed before and after your order?	<u>N/A</u>	<u>N/A</u>
f	Direct connections to the Internet: How many before and after your order?	<u>2</u>	<u>2</u>
g	Direct connections to the Internet: Highest speed before and after your order?	<u>1.54</u>	<u>1.54</u>
h	Internet access (for schools): How many rooms have Internet access before and after your order?	<u>240</u>	<u>240</u>
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	<u>N/A</u>	<u>N/A</u>
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	<u>600</u>	<u>600</u>
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



Entity Number 129283Applicant's Form Identifier MC572004Contact Person Paul BrotzkiPhone Number 419/893-3200**Block 4: Discount Calculation Worksheet A
for Schools/School Districts**Worksheet #A- 1Page 1 of 1**Instructions:** If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).School District Name: MAUMEE CITY SCHOOL DISTRICT School District Entity Number: 129283

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Maumee High School	01292	U	987	44	.04457853	40%	394.8
Gateway Middle School	01291	U	691	58	.08393632	40%	276.4
Fairfield Elementary	01289	U	311	24	.07717042	40%	124.4
Fort Miami Elementary	01290	U	248	19	.07661290	40%	99.2
Union Elementary	01293	U	224	45	.20089286	40%	89.6
Wayne Trail Elementary	01294	U	329	31	.09422492	40%	131.6
Totals for calculating Weighted Average Discount			2790				1116

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

40%



Entity Number 129283

Applicant's Form Identifier MC572004

Contact Person Paul Brotzki

Phone Number 419/893-3200

Block 4: Discount Calculation Worksheet B for Libraries

Worksheet #B-

Page 1 of 1

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services:** Complete columns 1-4 only for each outlet/branch. Add and number pages as needed.
- **Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well):** Complete columns 1-4 PLUS 10c below.
- **Applying for discounts on different shared services that are shared by different groups of outlets/branches:** Complete one worksheet, columns 1-4, PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entitles and calculate discount(s).

Library System Name:

Library System Entity Number:

1	2	3	4
Name of Eligible Library (outlet/branch)	Entity Number 1-10 digits)	Name of School District in which outlet/branch in Column 1 is located	Discount % from Discount Matrix
Total for calculating Shared Discount			

10c Shared Discount % (Col. 4 total divided by # of outlets/branches in Col. 1. Round to nearest %)



Entity Number 129283

Applicant's Form Identifier MC572004

Contact Person Paul Brotzki

Phone Number 419/893-3200

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- 1

Page 1 of 1

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY on site-specific services:**
Complete columns 1-3 only. Add and number pages as needed.
- **Applying for discounts on services shared by ALL members (with or without site-specific services as well):**
Complete columns 1-3 PLUS 10c, below.
- **Applying for discounts on different shared services shared by different groups of consortium members:**
Complete one worksheet, columns 1-3 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc.

List entities and calculate discount(s).

1	2	3
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1	ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library Outlet/Branch: Discount from Worksheet B, Column 4 Library System: Discount from Worksheet B, Item 10c
Total for calculating Shared Discount		

10c Shared Discount % (Col. 3 total divided by # of entities in Col. 1. Round to nearest %) →



Entity Number 129283Applicant's Form Identifier MCS72004Contact Person Paul BrotzkiPhone Number 419/893-3200**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 9FRN # _____
(to be assigned by administrator)**11 Category of Service (only ONE category should be checked)**☒ Telecommunications Service☐ Internet Access☐ Internal Connections**12 Form 470 Application Number (15 digits)**177500000481257**13 SPIN - Service Provider Identification Number (9 digits)**143005290**14 Service Provider Name**Buckeye Telesystems, Inc.**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)MTM**16 Billing Account Number (e.g., billed telephone number)**419/893-8778-1938**17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)**
(based on Form 470 filing)12/18/2003**18 Contract Award Date (mm/dd/yyyy)****19a Service Start Date (mm/dd/yyyy)**07/01/2004**19b Service End Date (mm/dd/yyyy)**
(use only for "T" or "MTM" services)06/30/2005**20 Contract Expiration Date**
(mm/dd/yyyy)**23 Calculations****A. Monthly \$ charges (total amount per month for service)**897⁰⁰**B. How much of the \$ amount in (A) is ineligible?****C. Eligible monthly pre-discount amount (A minus B)**897⁰⁰**D. # of months service provided in program year**12**E. Annual pre-discount \$ amount for eligible recurring charges (C x D)**10764.00**F. Annual non-recurring (one-time) \$ charges****G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**10764.00**J. % discount (from Block 4 Worksheet)**.40**K. Funding Commitment \$ Request (I x J)**4305.60**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B1**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

01292

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):



Entity Number 129283 Applicant's Form Identifier MCS72004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 9

FRN # _____

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

177500000481257

13 SPIN - Service Provider Identification Number (9 digits)

143005290

14 Service Provider Name

Buckeye Telesystems, Inc.

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

419/893-3386-1964

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/1/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations**

Recurring Charges

Non-Recurring Charges

Total Charges

A. Monthly \$ charges (total amount per month for service)

335.73

B. How much of the \$ amount in (A) is ineligible?**C. Eligible monthly pre-discount amount (A minus B)**

335.73

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

4028.76

F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**

4028.76

J. % discount (from Block 4 Worksheet)

40

K. Funding Commitment \$ Request (I x J)

1611.504

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B2

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

01291



Entity Number 129283Applicant's Form Identifier MCS72004Contact Person Paul BrotskiPhone Number 419/893-3200**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 3 of 9

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)Telecommunications
ServiceInternet
AccessInternal
Connections**12 Form 470 Application Number (15 digits)**177500000481257**13 SPIN - Service Provider Identification Number (9 digits)**143005290**14 Service Provider Name**Buckeye Telesystems, Inc.**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)MTM**16 Billing Account Number (e.g., billed telephone number)**419/893-2201-1963**17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)**
(based on Form 470 filing)12/18/2003**18 Contract Award Date (mm/dd/yyyy)****19a Service Start Date (mm/dd/yyyy)**07/01/2004**19b Service End Date (mm/dd/yyyy)**
(use only for "T" or "MTM" services)06/30/2005**20 Contract Expiration Date**
(mm/dd/yyyy)**23 Calculations****A. Monthly \$ charges (total amount per month for service)**163.80**B. How much of the \$ amount in (A) is ineligible?****C. Eligible monthly pre-discount amount (A minus B)**163.80**D. # of months service provided in program year**12**E. Annual pre-discount \$ amount for eligible recurring charges (C x D)**1965.60**F. Annual non-recurring (one-time) \$ charges****G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**1965.60**J. % discount (from Block 4 Worksheet)**.40**K. Funding Commitment \$ Request (I x J)**786.24**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B3**22 Entity/Entities Receiving This Service:**

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

01290

Entity Number <u>129283</u>	Applicant's Form Identifier <u>MCS 72004</u>
Contact Person <u>Paul Brotzki</u>	Phone Number <u>419/893-3200</u>

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 4 of 9

FRN # _____
(to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Telecommunications Service </div> <div> <input type="checkbox"/> Internet Access </div> <div> <input type="checkbox"/> Internal Connections </div> </div> 12 Form 470 Application Number (15 digits) <u>177500000481257</u>	23 Calculations
13 SPIN - Service Provider Identification Number (9 digits) <u>143005290</u>	A. Monthly \$ charges (total amount per month for service) <u>162.45</u>
14 Service Provider Name <u>Buckeye Telesystems, Inc.</u>	B. How much of the \$ amount in (A) is ineligible?
15 Contract Number <small>(if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)</small> <u>MTM</u>	C. Eligible monthly pre-discount amount (A minus B) <u>162.45</u>
16 Billing Account Number (e.g., billed telephone number) <u>419/893-2221-1968</u>	D. # of months service provided in program year <u>12</u>
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small> <u>12/18/2003</u>	E. Annual pre-discount \$ amount for eligible recurring charges (C x D) <u>1949.40</u>
18 Contract Award Date (mm/dd/yyyy) 	F. Annual non-recurring (one-time) \$ charges
19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u>	G. How much of the \$ amount in (F) is ineligible?
19b Service End Date (mm/dd/yyyy) <small>(use only for "T" or "MTM" services)</small> <u>06/30/2005</u>	H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)
20 Contract Expiration Date (mm/dd/yyyy) 	I. Total program year pre-discount \$ amount (E + H) <u>1949.40</u>
21 Description of This Service: <small>You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.</small>	J. % discount (from Block 4 Worksheet) <u>.40</u>
22 Entity/Entities Receiving This Service:	K. Funding Commitment \$ Request (I x J) <u>779.76</u>

Attachment # B4
01293



Entity Number 129283 Applicant's Form Identifier MCS72004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 5 of 9

FRN # _____
(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

177500000481257

13 SPIN - Service Provider Identification Number (9 digits)

143005290

14 Service Provider Name

Buckeye Telesystems, Inc.

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

419/893-9821-1962

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations**

A. Monthly \$ charges (total amount per month for service)

163.20

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

163.20

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges
(C x D)

1958.40

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges
(F minus G)

I. Total program year pre-discount \$ amount (E + H)

1958.40

J. % discount (from Block 4 Worksheet)

.40

K. Funding Commitment \$ Request (I x J)

783.36

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B5

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

01289



Entity Number 129283 Applicant's Form Identifier MC 572004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 6 of 9

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)
☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)
177500000481257

13 SPIN - Service Provider Identification Number (9 digits)
143005290

14 Service Provider Name
Buckeye Telesystems, Inc.

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)
MTM

16 Billing Account Number (e.g., billed telephone number)
419/893-2851-1969

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)
12/18/2003

18 Contract Award Date (mm/dd/yyyy)

19a Service Start Date (mm/dd/yyyy)
07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)
06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)

23 Calculations

A. Monthly \$ charges (total amount per month for service)

164.25

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

164.25

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

1971.00

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

I. Total program year pre-discount \$ amount (E + H)

1971.00

J. % discount (from Block 4 Worksheet)

.40

K. Funding Commitment \$ Request (I x J)

788.40

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B6

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

01294



Entity Number 129283Applicant's Form Identifier MCS-72004Contact Person Paul BrotzkiPhone Number 419/893-3200**Block 5: Discount Funding Request(s)**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 7 of 9

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)Telecommunications
Service☒ Internet
AccessInternal
Connections**12 Form 470 Application Number (15 digits)**177500000481257**13 SPIN - Service Provider Identification Number (9 digits)**143005290**14 Service Provider Name**Buckeye Telesystems, Inc.**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)MTM**16 Billing Account Number (e.g., billed telephone number)**419/111-0006-1105**17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)**
(based on Form 470 filing)12/18/2003**18 Contract Award Date (mm/dd/yyyy)****19a Service Start Date (mm/dd/yyyy)**07/01/2004**19b Service End Date (mm/dd/yyyy)**
(use only for "T" or "MTM" services)06/30/2005**20 Contract Expiration Date**
(mm/dd/yyyy)**23 Calculations****A. Monthly \$ charges (total amount per month for service)**1795.69**B. How much of the \$ amount in (A) is ineligible?****C. Eligible monthly pre-discount amount (A minus B)**1795.69**D. # of months service provided in program year**12**E. Annual pre-discount \$ amount for eligible recurring charges (C x D)**21548.28**F. Annual non-recurring (one-time) \$ charges****G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**21548.28**J. % discount (from Block 4 Worksheet)**.40**K. Funding Commitment \$ Request (I x J)**8619.312**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B7**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1

Entity Number 129283 Applicant's Form Identifier MCS 72004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 8 of 9

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

Telecommunications
Service

☒ Internet
Access

Internal
Connections

12 Form 470 Application Number (15 digits)

177500000481257

13 SPIN - Service Provider Identification Number (9 digits)

143007175

14 Service Provider Name

Northern Buckeye Education Council

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

not available

16 Billing Account Number (e.g., billed telephone number)

OC-3

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

01/15/2002

18 Contract Award Date (mm/dd/yyyy)

01/15/2002

19a Service Start Date (mm/dd/yyyy)

07/01/2004

19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)

20 Contract Expiration Date (mm/dd/yyyy)

07/01/2007

23 Calculations

A. Monthly \$ charges (total amount per month for service)

5361.12

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

5361.12

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

64333.44

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

I. Total program year pre-discount \$ amount (E + H)

64333.44

J. % discount (from Block 4 Worksheet)

.40

K. Funding Commitment \$ Request (I x J)

25733.37

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B8

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number

129283

Applicant's Form Identifier

MCS 72004

Contact Person

Paul Brotzki

Phone Number

419/893-3200

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

9 of 9

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)Telecommunications
ServiceInternet
AccessInternal
Connections**12 Form 470 Application Number (15 digits)**

177500000481257

13 SPIN - Service Provider Identification Number (9 digits)

143001262

14 Service Provider Name

LCI International dba Quest

15 Contract Number

(if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

419/893-3200

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations**

Recurring Charges

Non-Recurring Charges

Total Charges

A. Monthly \$ charges (total amount per month for service)

185.15

B. How much of the \$ amount in (A) is ineligible?**C. Eligible monthly pre-discount amount (A minus B)**

185.15

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

2221.80

F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**

2221.80

J. % discount (from Block 4 Worksheet)

.40

K. Funding Commitment \$ Request (I x J)

888.72

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

B9

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Do not write in this area

Entity Number 129283 Applicant's Form Identifier MC S 72004
Contact Person Paul Brotzki Phone Number 419/893-3200

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☐ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☒ technology plan(s) has/have been approved; and/or
- b ☐ technology plan(s) will be approved by a state or other authorized body; or
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.



Entity Number 129283 Applicant's Form Identifier MCS72004
Contact Person Paul Brotzki Phone Number 419/893-3200

34. Signature of authorized person

Paul Brotzki

35. Date Feb 18, 2004

36. Printed name of authorized person

Paul Brotzki

37. Title or position of authorized person

Treasurer

38a. Street Address, P.O. Box, or Route Number

2345 Detroit Avenue

City MAUMEE

State

OH

Zip Code

43537-3712

38b. Telephone number of authorized person

419/893-3200

Extension

38c. Fax number of authorized person

419/891-5387

38d. E-mail address of authorized person

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001. The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number	129283	Applicant's Form Identifier	MCS 72004
Contact Person	Paul Brotzki	Phone Number	419/893-3200

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100



Entity Number 129283 Applicant's Form Identifier MCS712004
 Contact Person Paul Brotzki Phone Number 419/893-3200

Block 5

Services	Bill number	Provider	Attachment #	Monthly Cost
ISDN PRI for local voice service and 2 business lines (entity 01292)	419/893-8778 - 1938	Buckeye Telesystems	B1	\$897.00
12 Centrex lines (entity 01291)	419/893-3386 - 1964	Buckeye Telesystems	B2	\$335.73
6 Centrex lines (entity 01290)	419/893-2201 - 1963	Buckeye Telesystems	B3	\$163.80
5 Centrex lines (entity 01293)	419/893-2221 - 1968	Buckeye Telesystems	B4	\$162.45
5 Centrex lines (entity 01289)	419/-893-9821 - 1962	Buckeye Telesystems	B5	\$163.20
5 Centrex lines (entity 01294)	419/893-2851 - 1969	Buckeye Telesystems	B6	\$164.25
leased lines to all for internet access	419/111-0006 - 1105	Buckeye Telesystems	B7	\$1,795.69
internet access for the district	OC-3	Northern Buckeye Ed.	B8	\$5,361.12
long distance service for the district	419/893-3200	Qwest	B9	\$185.15
Total				\$9,228.39

TELEPHONE NUMBER 419/893-8778
 ACCOUNT NUMBER 1938 V
 NOT A MAUMEE DB
 ALL ON



4818 Angola Rd.
 Toledo, Ohio 43615
 (419) 724-9898
 1-888-21FIBER

MAUMEE CITY SCHOOLS

PAGE 1 OF 1

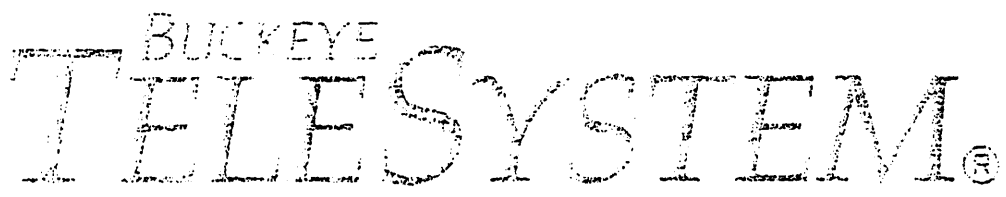
PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$901.90	\$901.90	\$.00	\$897.00	\$897.00

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES
 MONTHLY SERVICE FROM DEC 8 THRU JAN 7 890.95
 OTHER CHARGES/CREDITS .00
 BUCKEYE TELESYSTEM 6.05
 TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$897.00 ✓



FOR BILLING INQUIRIES, OUR OFFICE IS OPEN 7:00AM TO 7:00PM
 MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
 RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

Maumee High School
 12/29/03
 01292



TELEPHONE NUMBER	ACCOUNT NUMBER
419/893-3386 ✓	1964



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MAUMEE CITY SCHOOLS

PAGE 1 OF

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

BILLING DATE			DELINQUENT AFTER	
DEC 8, 2003			DEC 27, 2003	
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$335.23	\$335.23	\$.00	\$335.73	\$335.7

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7 329.68

OTHER CHARGES/CREDITS .00

BUCKEYE TELESYSTEM 6.05

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$335.73 ✓

FOR BILLING INQUIRIES, OUR OFFICE IS OPEN 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

GATEWAY
MIDDLE
School ✓

01291

B2

TELEPHONE NUMBER 419/893-2201 ✓	ACCOUNT NUMBER 1963
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Toledo, Ohio 43615



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PAGE 1 OF 1

MAUMEE CITY SCHOOLS

PAYMENTS RECEIVED AFTER -DEC 7 ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$164.55	\$164.55	\$.00	\$163.80	\$163.80

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7 162.45

OTHER CHARGES/CREDITS .00

BUCKEYE TELESYSTEM 1.35

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$163.80 ✓

**BUCKEYE
TELESYSTEM.**

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MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

FORT
MIAMI
B3V3
01290

419/893-2221 ✓	ACCOUNT NUMBER 1968
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**BUCKEYE
TELESYSTEM.**

MAUMEE CITY SCHOOLS

4818 Angola Rd.
Toledo, Ohio 43615



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PAGE 1 OF 3

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	BILLING DATE	DELINQUENT AFTER
\$162.75	\$162.75	\$.00	DEC 8, 2003	DEC 27, 2003
			CURRENT CHARGES	AMOUNT DUE
			\$162.45	\$162.45

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7	162.45
OTHER CHARGES/CREDITS	.00

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT	\$162.45 ✓
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**BUCKEYE
TELESYSTEM.**

FOR BILLING INQUIRIES, OUR OFFICE IS OPEN 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

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UNION ✓
Elementary
B4
01293

419/893-9821 ✓	1962
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Toledo, Ohio 43615



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MAUMEE CITY SCHOOLS

PAGE 1 OF 4

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$165.75	\$165.75	\$.00	\$163.20	\$163.20

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7 162.45

OTHER CHARGES/CREDITS .00

BUCKEYE TELESYSTEM .75

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$163.20 X

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MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

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*Fairfield
Elementary*
(B5) X
01289

TELEPHONE NUMBER 419/893-2851	ACCOUNT NUMBER 1969
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1-888-21FIBER

MAUMEE CITY SCHOOLS

PAGE 1 OF 5

PAYMENTS RECEIVED AFTER -DEC -7 ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$164.25	\$164.25	\$.00	\$164.25	\$164.25

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

CUSTOMER SUMMARY

BUCKEYE TELESYSTEM CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7 162.45

OTHER CHARGES/CREDITS .00

BUCKEYE TELESYSTEM 1.80

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT \$164.25 ✓

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MONDAY THROUGH FRIDAY. BUSINESSES CALL 419-724-9898
RESIDENCES CALL 419-724-9899

KEEP THIS PORTION FOR YOUR RECORD

WAYNE
TRAIL ✓

01294

(B6) ✓

01294

TELEPHONE NUMBER 419/111-0006 ✓	ACCOUNT NUMBER 1105
NOT A MAINTENANCE DB	

OK CIRCUITS

MAUMEE PUBLIC SCHOOLS



BUCKEYE
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Toledo, Ohio 43615

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1-888-21FIBER

PAGE 1 OF 2

PAYMENTS RECEIVED AFTER DEC 7 ARE NOT INCLUDED			BILLING DATE	DELINQUENT AFTER
			DEC 8, 2003	DEC 27, 2003
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$1,795.69	\$1,795.69	\$.00	\$1,795.69	\$1,795.69

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

B7

CUSTOMER SUMMARY

BUCKEYE-CAP CURRENT CHARGES

MONTHLY SERVICE FROM DEC 8 THRU JAN 7

1,795.69

OTHER CHARGES/CREDITS

.00

TOTAL AMOUNT DUE - PLEASE PAY THIS AMOUNT

\$1,795.69

BUCKEYE
TELESYSTEM.

FOR BILLING INQUIRIES PLEASE CALL 419-724-9898 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. THANK YOU.

KEEP THIS PORTION FOR YOUR RECORD

[Handwritten signature/initials]

Item 21 Attachment

Applicant: Maumee City School District		Attachment: I-A21		
BEN: 129283		Application:		
Narrative Description: Northern Buckeye Education Council will provide unbundled Internet Access to Customer. This service offering includes Internet access, e-mail accounts for district personnel, Domain Name Services, and caching services. Service to be delivered to the Customer over a dedicated connection with a minimum transfer rate of 1.544mbs.				
Quantity	Product or Service Description	Unit Cost	Extended Pre-discount Cost	
			Recurring	Non-Recurring
12	Monthly Internet Access to High School	\$3,756.52	\$45,078.19	
12	Monthly Internet Access to Middle School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Fairfield Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Fort Miami Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Union Elementary School	\$320.92	\$3,851.00	
12	Monthly Internet Access to Wayne Trail Elementary School	\$320.92	\$3,851.00	
		5361.12		
TOTAL			\$64,333.19	



December 15, 2003
Invoice 578010336
Billing Cycle: 40-124

Page 1 of 36

MAUMEE CITY SCHOOLS

Account 30099218

Phone # 419-893-3200

Payment summary

Current gross charges	182.50
Taxes and Surcharges	2.65
Current net charges	\$185.15
Previous balance	\$226.64
Payment(s) received, Thank you	-226.64

Amount due \$185.15

Contact Qwest

- Billing inquiries and general information
1-888-560-0466
- For services provided by Touch America
call 1-800-590-1025
- Visit our website at
www.Qwest.com

Invoice contents

Account summaries.....	starts on page
Your account balance.....	3
Service summary.....	5
12-month review of spending.....	6
Custom Reports.....	7
Service detail.....	11

Thank you for choosing Qwest.

OK to pay.
K. Allen